

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55	/					
6	/						56		/				
7	/						57		/				
8	/						58		/				
9	/						59		/				
10	/						60		/				
11	/						61		/				
12	/						62	/					
13	/						63	/					
14	/						64	/					
15	/						65						
16	/						66						
17	/						67						
18	/						68						
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34	/	/					84						
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36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40	/	/					90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						

BEST AVAILABLE COPY